

## MEDICAL ASSISTANCE ADMINISTRATION

## **INFANT CASE MANAGEMENT (ICM) INTAKE**

Instructions: Complete this form for each new intake to document client/infant's eligibility. File completed form in the client record.

## Reminders

- Eligibility for ICM may be documented anytime during the ICM service period (which is from the third month postpregnancy through the month of the infant's first birthday).
- Beyond meeting one of the ICM criteria below, there must be a need by the birth parent(s) for assistance in accessing resources and/or providing care for the infant/family in the household.
- The goal of ICM is to improve the birth parents' (and family) self-sufficiency to access existing social
  and health resources in the community to meet immediate needs.

DATE	AGENCY NAME	COMPLETED BY
CLIENT'S (PARENT) NAME	INFANT'S NAME	INFANT'S PATIENT IDENTIFICATION CODE (PIC)
Eligibility Criteria: (Mark al	that apply)	<u> </u>
<ul><li>1. Staff concern for the n following:</li></ul>	nother's ability to care for h	er infant specifically due to at least one of the
<ul><li>□ Developmental or o</li><li>□ Mental health issue</li><li>□ Physical impairme</li><li>□ Postpartum depres</li></ul>		g treated
	-OR-	
☐ 2. Staff concern for the <b>s</b>	afety of infant specifically du	e to at least one of the following:
<ul><li>☐ Substance use by</li><li>☐ Secondhand smok</li><li>☐ CPS involvement v</li></ul>	iolence in the home with curre the mother within the last year e exposure to the infant vithin the last year ss shelter, car, tent, or motel	. , ,
	-OR-	
☐ 3. Staff concern for <b>infar</b>	t health needs specifically de	ue to at least one of the following:
<ul><li>□ Premature birth (le</li><li>□ Failure to thrive</li><li>□ Multiple births (twir</li></ul>	ght - less than 5.5 pounds) ss than 37 weeks gestation) as or more infants) ss/inadequate sleeping patterr	ns of infant
□ Clie	ent Refused ICM Services	□ Could Not Locate Client